PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For recognizing Office	ce use only
International Application No.	
International Filing Date	
Name of receiving Office and "PCT I	nternational Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 100 365

Box No. I TITLE OF INVENTION
Vehicle door

Vehicle door					
Box No. II APPLICANT					
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)					
Meritor Automotive GmbH	Telephone No.				
Hanauer Landstraße 338					
D - 60314 Frankfurt/Main	Facsimile No.				
D - 60314 Frankfurt/Main DE	Tilesia				
	Teleprinter No.				
State (that is, country) of nationality: State (that is, country)	of residence:				
DE DE					
	e United States America only the States indicated in the Supplemental Box				
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only					
GRIMM, Rainer					
Sachsenhäuser Landwehrweg 225	X applicant and inventor				
D - 60599 Frankfurt DE	inventor only (If this check-box is marked, do not fill in below.)				
State (that is, country) of nationality: State (that is, country)	of regidence:				
DE DE	or residence.				
This person is applicant for the purposes of: all designated all designated States except the United States of America only the States indicated in the Supplemental Box					
Further applicants and/or (further) inventors are indicated on a continuation sheet.					
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE					
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	agent common representative				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No.				
KÖNIG PALGEN SCHUMACHER KLUIN	+49/201/842300				
Patent Attorneys	Facsimile No.				
Frühlingstraße 43A D - 45133 Essen	+49/201/8423020				
0 - 40100 E226(I	Teleprinter No.				
DE					
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.					

Continuation of Box No. III FURT, APPLICANT(S) AND/OR (FURTHER) INV						
If none of the following sub-boxes is used, this sheet should not be included in the request.						
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KÖLLNER, Harald Blutenweg 15 D - 63674 Altenstadt DE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: DE State (that is, country) DE	of residence:					
	he United States the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SIRAUB, Klaus-Dieter Nordendorfsweg 27 D - 38110 Braunschweig DE	This person is: applicant only x applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: State (that is, country)	of residence:					
	ne United States the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) WURM, Georg Usinger Weg 38b D - 61350 Bad Homburg DE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: State (that is, country)	of residence:					
	the United States of America only the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name: for a legal entiry, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) DREWNIOK, Daniel Rodhelmer Strasse 11 D - 60385 Frankfurt DE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: DE State (that is, country) DE	of residence:					
This person is applicant for the purposes of: all designated States except the United States of America	the United States of America only the States indicated in the Supplemental Box					
Further applicants and/or (further) inventors are indicated on another continuation sheet.						

	Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) IN TOR(S)						
	If none of the following sub-boxes is used, this sheet should not be included in the request.						
	Name and address: (Family name followed by given name: for a legal entiry, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HERWIG, Arnd G. Röderweg 24 D - 96148 Baunach DE This person is: applicant only						
	State (that is, country) of nationality: DE State (that is, country) of residence: DE						
	This person is applicant for the purposes of: all designated all designated States except the United States of America X of America only the Supplemental Box						
	Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) HOF, Patrick Eichgarten 14 D - 35043 Marburg DE This person is: applicant only X applicant and inventor inventor only (If this check-box is marked, do not fill in below.)						
	State (that is, country) of nationality: State (that is, country) of residence:						
	DE This person is applicant for the purposes of: all designated States except the United States of America X of America only the Supplemental Box						
	Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State DOBSON, Simon Blair 5, the Corniche Sandgate, Folkestone Kent Cl2O 31A Great Britain GB This person is: applicant only inventor only (If this check-box is marked, do not fill in below.)						
j	State (that is, country) of nationality: GB State (that is, country) of residence: GB						
	This person is applicant all designated all designated States except the United States indicated in the purposes of: all designated States except the United States of America only the Supplemental Box						
	Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KEYES, Gregory 28 Inverclyde Road Handsworth Wood Birmingham B2O 2LJ Great Britain GB This person is: applicant only inventor only of this check-box is marked, do not fill in below.)						
	State (that is, country) of nationality: GB State (that is, country) of residence: GB						
	This person is applicant for the purposes of: all designated all designated States except the United States of America X the United States of America only the Supplemental Box						
	Further applicants and/or (further) inventors are indicated on another continuation sheet.						

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) IN TOR(S)					
If none of the following sub-boxes is used, this sheet should not be included in the request.					
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SCHANG, Kenneth W. 46131 Academy Plymouth, Michigan 48170 U.S.A. US This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: US State (that is, country) of residence:					
This person is applicant for the purposes of: US US This person is applicant for the purposes of: all designated States except the United States of America V of America only the Supplemental Box					
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MAASS, Klaus-Peter Osterkamp 20 D - 38550 Isenbuttel DE This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)					
State (that is, country) of nationality: DE State (that is, country) of residence: DE					
This person is applicant for the purposes of: all designated all designated States except the United States of America only the States indicated in the Supplemental Box					
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State (that is, country) of nationality: State (that is, country) of residence:					
This person is applicant all designated all designated States except the United States indicated in for the purposes of: all designated the United States of America only the Supplemental Box					
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State (that is, country) of nationality: State (that is, country) of residence:					
This person is applicant all designated all designated States except the United States indicated in the purposes of: all designated States except the United States of America only the Supplemental Box					
Further applicants and/or (further) inventors are indicated on another continuation sheet.					
Form PCT/RO/101 (continuation sheet) (July 1998; reprint January 1999) See Notes to the request form?					

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National Patent (i) other kind of protection or treatment desired, specify on dotted line): AE United Arab Emirates AG Antigua and Barbuda LK Sri Lanka LK Sri Lanka LK Liberia LK Liberia LS Lesotho LT Lithuania LU Luxembourg AZ Azerbaijan LV Larvia BA Bosnia and Herzegovina BB Barbados MD Republic of Moldova MB Bulgaria MG Madagascar MB Brazil MC Madagascar MB Brazil MC Madagascar MC Mozambique MC CA Canada MC Mozambique MC Mozambique MC CA Costa Rica MC Mozambique MC Norway MC China NO Norway							
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation (s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additinal designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)							

Sheet No. . 6....

Box No. VI PRIORITY CI	AIM		•	Further price	ority claim indicated	in the Supplemental Box.
Filing date	Filing date Where earner application is:					ion is:
of earlier application (day/month/year)	of earl	ier applicatio	n	national application: country	regional application:* regional Office	international application: receiving Office
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icm (2) 12. April 2000 (12/04/2000)	200	06 773.	7	D Ē		
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The receiving Office is req of the earlier application(s purposes of the present int) (only if	the earlier a	pplic	ration was filed with the	Office which for the	
* Where the earlier application is Convention for the Protection of h	an ARIPO	application, it	is m	andatory to indicate in the	Supplemental Box at least a	one country party to the Paris
Box No. VII INTERNATIO					nea (Ame 4. (Am) H)). See	зирретение вох.
Choice of International Search (if two or more International Sea competent to carry out the interna- the Authority chosen; the two-lette	irching Au ational sea	thorities are rch, indicate	scar	uest to use results of each has been carried out by a charmonth/year)	rlier search; reference or requested from the Inter- Number	to that search (if an earlier national Searching Authority): Country (or regional Office)
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Box No. VIII CHECK LIST	: LANG	UAGE OF F	ILII	NG		
This international application c	ontains	This interna	tiona	al application is accompa	nied by the item(s) mark	ed below:
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Total number of sheets:						
Figure of the drawings which should accompany the abstract: Language of filing of the international application: English						
Box No. IX SIGNATURE						
Next to each signature, indicate the n			nd the	capacity in which the person .	signs (if such capacity is not o	bvious from reading the request).
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The Patent Attor	nev					
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4. Date of timely receipt of the required corrections under PCT Article 11(2):						
5. International Searching Au (if two or more are compete	thority ent):	SA /		6. Transmi until sea	ttal of search copy delay rch fee is paid.	ed
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